

Fermilab SIST 2005 Intern Data Form, Faculty Assessment

Student Name _____

To the student: Please make a copy of this form for everyone who provides an assessment. At least two assessments are required.

Faculty Name: _____

Title/Department: _____

University: _____

Address: _____

Phone & Email: _____

	Top 3%	Top 10%	Top 30%
Academic achievement	—	—	—
Academic potential	—	—	—
Capability for working independently	—	—	—
Capability for working cooperatively	—	—	—
Motivation & intellectual curiosity	—	—	—

Please provide a written assessment of this student with respect to these qualities and any other relevant aspects of his or her character you feel are relevant. You may attach a separate letter. This information is confidential.

The deadline for us to receive this assessment is February 25, 2005.

Signature: _____ Date: _____

Please return this form to:

Fermilab Equal Opportunity Office, MS 117, PO Box 500, Batavia, IL 60510-0500; Fax: 630-840-5207

This form is available as <http://sist.fnal.gov/forms/FacultyAssessment.pdf>